



Wyoming Cowboy Challenge Academy

Army National Guard Training Site, Bldg 505
P.O. Box 697
Guernsey, Wyoming 82214-0697
(307) 836-7500

Medical Insurance Information Sheet

I/we DO ____ DO NOT ____ possess medical/dental insurance, (includes Medical Assistance/Kids Care) for payment of any incurred medical/dental cost. (*Check one*)

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARDS (BOTH SIDES) WITH THE APPLICATION.

ALL AREAS MUST BE COMPLETED ~ IF IT DOES NOT APPLY, PLEASE RESPOND WITH "N/A"

Name of Medical Insurance Card Holder DOB

Name of Dental Insurance Card Holder Date of Birth

Social Security Number of Medical Card Holder

Social Security Number of Dental Card Holder

Name of Medical Insurance Company

Name of Dental Insurance Company

Address of Medical Insurance Company

Address of Dental Insurance Company

(Area Code) Telephone Number

(Area Code) Telephone Number

*Parent/Guardian Date

*Parent/Guardian Signature Date

Social Security Number of Parent/Guardian

Social Security Number of Parent/Guardian

Parent/Guardian Date of Birth

Parent/Guardian Date of Birth

Address

Address

Home Telephone Number

Home Telephone Number

Candidate (if over 18) Date

*If joint Custody, must be signed by parent with court ordered, physical placement.